FORM DS-939 DEPARTMENT OF STATE 12-1-51 OFFICE OF SECURITY					
REQUEST FOR SECURITY INFORMATION					
TO:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FROM:		DA	TE:
שייישע הדהביישיי	OR OF PLANS (CIA)		VO /	5	/21/64
DEPUTY DIRECTOR OF PLANS (CIA); VO 5/21/64 DO NOT WRITE ABOVE THIS LINE					
I NAME (It married woman in	clude maiden name)		DATE OF BIRTH	1	CE OF BIRTH
Kurt BILLMAIER	eier,	Mar	ch 21 or 22, 192		zechoslovakia
ALIASES AND NIOKNAMES		SEX	MARITAL STATUS		ITIZENSHIP
Kurt Billmeyer;	Kurt Bill/Neyer	m	OCCUPATION AND NAME AND ADDRESS OF EMPLOYER		
ADDRESS Czechoslovakia	DECLASSIFIED AND	OCCUP.	FOR COORDINATION V	WITH	State
ADDITIONAL IDENTIFYING	DATA LENIKAL INIELLI	PENCE AP	ENCY		
SOURCES METHODS EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT					
DATE 2006					
	CONTROL: THIS REQUEST PLAC	ED WITH TH	IE OFFICE OF SECUR	ITY BY:	
DIVISION OR AGENCY VISA OFFICE	SECURITY BRANCH	F	REASON FOR REQUEST,	OR TYPE	OF PROGRAM
DATE			VISA SECUR	ITY CAS	ጓ ድ
5/21/64 NAME OR REQUESTING OF	FICER		ATDA PDOOL	LII OM	
PJbalestrieri:jmc	I EQUEST FOR SECURITY INFO	7111 716:			
·	□ NO RECORD □ NO DEROGATORY INFORMATION	OTHER	ON BASIS	orting)	FILE CHECK
CHECKED BY		1	porte.	<i>cL</i> _	
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